

## PART B - FEE(S) TRANSMITTAL

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26574 7590 05/17/2004

SCHIFF HARDIN, LLP  
PATENT DEPARTMENT  
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Mark Bergner

(Depositor's name)

*Mark Bergner*

(Signature)

July 29, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/091,075	03/05/2002	Joachim Sallvin	P02,0062	6698

TITLE OF INVENTION: MECHANICAL BREATHING AID WITH ADAPTIVE EXPIRATION CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOKABI, AZADEH	3743	128-204210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schiff Hardin LLP

1 \_\_\_\_\_  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maquet Critical Care AB

Solna, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature)

(Date)

*Mark Bergner #45,877*

7/28/04

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01 FC:1501  
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